

District / Area Commander / Committee Monthly Expense Report

Name: _____ Position: _____

Address: _____

Mileage for Visitations Month: _____

Date	Post	Legion Purpose	Results	Miles
			Total Mileage	
			X \$.27 a mile =	\$

Expenses for Visitation

Date	Type of Exp; Hotel, Food, Misc	Reason for Expenditure	\$ Spent
			Total Spent
			\$

I certify the above is true and correct to the best of my knowledge: Signed: _____ Date: _____

REIMBERSABLE EXPENSES:

Mileage – itemized by each trip (.27 cents per mile)

Tolls – itemized by each trip

Hotel Stays – must travel a minimum of 100 miles from home

Meals – for volunteer officer only **

Postage – for substantiated Legion business

Printer Ink – one cartridge every six months

Tickets to events –As prescribed by the Department Constitution and ByLaws

*Advertisements, sponsorships and donations are not reimbursable***

**** in accordance with IRS Publication 526 "Out-of-Pocket Expenses in Giving Services".**

CONVENTION and CONFERENCE (per budget narratives):

Note:

If any officer/chairman is required by Department to attend Department Convention and/or Fall Conference, that officer/chairman will be reimbursed for the hotel room as stipulated below. These funds will come from the event budget and will not be charged against the officer's/chairman's budget. Reminder: There will be no reimbursement for travel to and from nor for meals and incidentals in connection to Convention or Conference.

DEPARTMENT CONVENTION

..."Covers the cost of reimbursement(s) to any Chairman or Officer required to attend this event, at a rate of the actual cost of the hotel room (receipt required), not to exceed the standard room rate of the designated hotel and only for the night(s) specifically required by Department."

FALL CONFERENCE

..."Covers the cost of reimbursement(s) to any Chairman or Officer required to attend this event, at a rate of the actual cost of the hotel room (receipt required), not to exceed the standard room rate of the designated hotel and only for the night(s) specifically required by Department."

Monthly Commentary

Month: _____

Posts Visited: _____

Events Participated in: _____

Problems encountered: _____

Achievements this Month: _____

Goals for the coming month: _____

Assistance Needed from Department: _____

Expense Reports must be mailed by the 10th of the month for the prior month expenses. Department will not pay past due expense reports.

Signature: _____ **Print name:** _____